# CENTRAL FAX CENTER

## FRASER CLEMENS MARTIN & MILLER LLC AUG 2 6 2009

Intellectual Property and Technology Law

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#### **FAX TRANSMISSION**

Date:

August 26, 2009

To:

Examiner E. Colon-Santana GAU 2837 U.S. Patent and Trademark Office

Fax:

571-273-8300

From:

William J. Clemens

Re:

17308

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COMMENTS: Please see the following Fee Transmittal form, Terminal Disclaimer and Response for filing in the patent application S/N 11/598,587: Thank you.

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AUG 2 6 2009, TO/SB/17 (10-08)

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Effective on 12/08/2004,				spond to a collection of Information unless it displays a valid OMB control number  Complete If Known				
Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4918).				Application Number 10/598,587				
FEE TRANSMITTAL				Filing Date	,	September 5, 200	16	
For FY 2009				First Named Inve		Richter	<u></u>	
Applicant claims small profits status. Soc 37 CER 4 97				Examiner Name	E	E. Colon-Santana		
Applicant claims small entity status. See 37 CFR 1,27				Art Unit	12	2837		
TOTAL AMOUNT OF PAYME	NT (\$)	140.00		Attorney Docket	No.	17308		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-3156  Deposit Account Name: Fraser Clemens Martin &								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filling fee								
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under 37 CFR 1.16 and 1.17								
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FEE CALCULATION						· · · · · · · · · · · · · · · · · · ·		
1. BASIC FILING, SEARC	H, AND E	XAMINATION F	EES					
	FILING F	EES		H FEES	EXAM	NATION FEES		
Application Type	Fee (\$)	mall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (	Small Entity Fee (5)	Fees Paid (\$)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES		•••	•	U	U		Small Entity	
Fee Description						<u>Fee (\$)</u>	Fee (\$)	
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)  Multiple dependent claims						220 390	110	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							195 pendent Claims	
20 or HP =		_ x:	=			Fee (\$)	Fee Paid (\$)	
HP = highest number of total da								
-3 or HP =	ktra Claim	<u>19 Féa(\$)</u> x =	Fee F	eid (\$)				
HP = highest number of independent	dent claims		n 3.					
APPLICATION SIZE FE	E .		_					
If the specification and dr	awings e	xceed 100 sheets	of pape	r (excluding ele	ectronic	cally filed sequen	ce or computer	
listings under 37 CFR sheets or fraction there	1.32(E)),	une application s	ize jee	aue 15 3270 (3)	33 tor : (a)	small entity) for e	each additional 50	
<u>Total Sheets</u> <u>E</u>	xtra Shee	<u>Number</u>	of each	<u>additional 50 or</u> (round up to a wh	fraction		\$) <u>Fee Paid (\$)</u>	
1. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (5)	
Other (e.g., late filing st	urcharge)	Statutory Disclaim	18r				140	
JBMITTED BY								
gnature /////		Gurans	Re	egistration No. 26,	855	Telephon	<sup>e</sup> 248-980-2100	
- MANAGE	m p to the	WIN WALL	T/G	ttorney/Agent) <sup>ZD</sup> ,	,	-	240-200-2100	

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